40.00
2.30

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR J. Dean Martin DATE 2-24-86 PERMIT NO. 61

PHONE: Business _____ Home _____

LOCATION 1100 Jct 1113 At end At cul-de-sac beside Leon Rice S. R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 17 SECTION OR BLOCK NO. 2

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam - clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2-4 @ 24"
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Gently sloping
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None obs.

Lot Area 20,000 Ft²

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1250 Gals. 1000 Gal

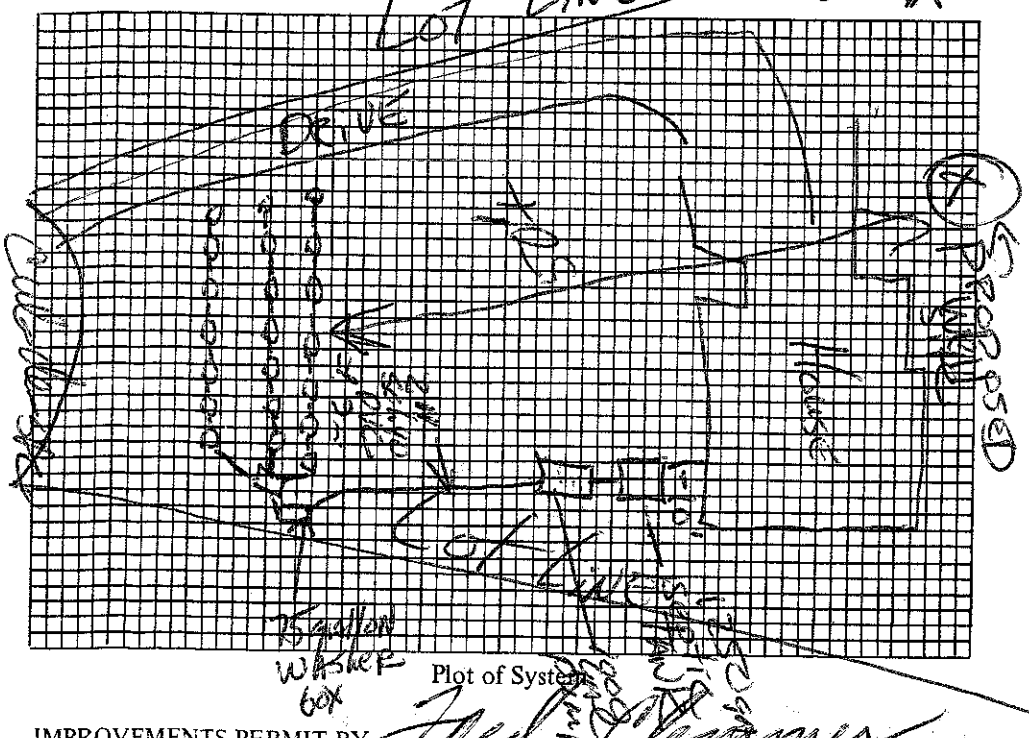
Nitrification Field:
No. of Lines 3
Sq. Ft. 150 LFT Linear Ft. 150 LFT
Depth of Stone in Lines 16" 4 FT Panels
Water Supply: Individual (X)
Public ( )

USE 6" Clean Sand under Panels

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: X J. Dean Martin



Plot of System

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: Keep panels shallow 6" COVER MAXIMUM OVER panels, use well tile for access to pump, use good quality effluent pump and Associated Alarm System

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold